

TREATMENT PROTOCOL: HYPERTHERMIA (ENVIRONMENTAL)

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Provide active cooling measures prn
 - Move to cool environment
 - Remove clothing
 - Apply wet towels and promote cooling by fanning
5. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
6. Advanced airway prn

ADEQUATE PERFUSION	POOR PERFUSION
7. Encourage oral fluids	7. Venous access
8. Venous access prn	8. Blood glucose test
9. ESTABLISH BASE CONTACT (ALL)	9. If blood glucose is less than 60mg/dl: Dextrose 50% 50ml slow IV push or 10% 250mL IVPB
10. If unable to take fluids orally: Normal Saline fluid challenge 10ml/kg IV at 250ml increments Use caution if rales present	 Pediatric: See Color Code Drug Doses/L.A. County Kids Dextrose 10% 5mL/kg IV <i>Patient's weight <24kg</i> – administer in 1mg/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg <i>Patient's weight ≥24kg</i> – administer in 1mg/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg, OR rapidly infuse 120mL of 250mL, if no symptom improvement, administer remaining dose to a total maximum dose of 5mL/kg
11. Reassess for potential deterioration	10. ESTABLISH BASE CONTACT (ALL)
	11. Normal Saline fluid resuscitate IV wide open
	12. If blood glucose remains less than 60mg/dl: Dextrose 50% 50ml slow IV push or 10% 250mL IVPB
	 Pediatric: See Color Code Drug Doses/L.A. County Kids Dextrose 10% 5mL/kg IV <i>Patient's weight <24kg</i> – administer in 1mg/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg <i>Patient's weight ≥24kg</i> – administer in 1mg/kg increments every

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